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To: United States Patent & Trademark Office - Cliff Congo
Office of Petitions

From: MING-CHIEH, HSL

FAX RECEIVED

RE: Application No. 09/759,783

JUN 02 2003

Application of Revive petitions

PETITIONS OFFICE

August 2002, we received the letter to state that the application is going to abandon.

We filed the petitions to revive an abandoned application due to unintentional delay on 9-6-02 within the grace period. We paid for +\$50 to apply and the check was cashed. I don't understand why receive another letter to state the petition is dismissed. Need to apply the petition for revival of application again.

Please review how and why it happens again since the petition was applied and completed on 9-6-2002.

Please reply at 909-606-1388 ASAP.

Did it file to wrong application?

Please advise ASAP. We don't want to abandon the application and start all over again.

Thanks.

I called & left message last wk.

FAX: 909-606-6698

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/30/04 2 Serial/Patent # 09/759,783

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	8	6/27/03	\$ 205.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 205.00	
		8 TO BE REFUNDED BY:	<u>CC</u>	
10 REASON:		<u>AM</u>	Treasury Check	
<input type="checkbox"/>	Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<p>Petitioner filed an extension of time when none was needed (petitioner's response fell within the 2 month time period set by the decision mailed 5/22/03)</p>		

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Cliff Congo TITLE: Petitions Attorney

SIGNATURE: Cliff Congo PHONE: 305-0272

OFFICE: Petitions

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APPROVED: Alicia Kelle DATE: 2/2/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B